

**BEST AVAILABLE COPY**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BM		08-08-01
O.I.P.E. CLASSIFIER		21	11/16/01
FORMALITY REVIEW	CH	1119	09-04-01
RESPONSE FORMALITY REVIEW	M.D	675	11-21-01

**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Brief Description of the  
Drawings

932-  
094-17-01  
851  
11/23/01